

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: LUX, Cindy M.

Group Art Unit: 3626

Serial No. 10/802,334

Examiner: PASS, Natalie A.

Filed: 03/17/2004

Atty. Dkt. No: CL001-US

For: PATIENT REGISTRATION KIOSK

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Commissioner for Patents
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CERTIFICATE OF FACSIMILE 37 CFR 1.8: I certify that this correspondence is being faxed to: Examiner Natalie A. Pass, at FAX #: 703-872-9306, TEL #: 703-305-3980 on the below date.Date: 01/28/2005Debra A. Stengel
[X] Debra A. Stengel or [] Scott J. Asmus, Reg. No. 42,269

Commissioner:

INFORMATION DISCLOSURE STATEMENT

Applicants submit this statement, the attached 1 sheet(s) of form PTO-1449, and 11 reference and other information, in accordance to the duty of disclosure under 37 C.F.R. §§1.56, 1.97, and 1.98. Pursuant to 37 CFR 1.98 (a)(2)(i) applicant has not transmitted herewith copies of cited U.S. Patents and U.S. patent application publications as the above application was filed after June 30, 2003. Please enter these patents into the file along with the following remarks.

Compliance with 37 C.F.R. §1.97(b)(4): This Information Disclosure Statement is filed before the mailing of a first Office action after the filing of a Request for Continued Examination (RCE) under § 1.114. No fee or certification is required.

Information Cited: The Applicants hereby make of record in the above-identified application, the information listed on the attached form PTO-1449 (modified). The order of presentation of the references should not be construed as an indication of the importance of the reference. As all the references listed on attached Form PTO-1449 are in English, no commentary is required.

Remarks: A copy of each reference, together with a listing on Form PTO-1449(modified), is submitted herewith. Applicants respectfully request that:

1. The Examiner consider completely the cited information, along with any other information, in reaching a determination concerning the patentability of the present claims;
2. The enclosed form PTO-1449 (modified) be signed by the Examiner to evidence that the cited information has been fully considered by the Patent and Trademark Office during the examination of this application; and

3. The citations for the information be printed on any patent which issues from this application.

By submitting this Information Disclosure Statement, the Applicants make no representation that a search has been performed, of the extent of any search performed, or that more relevant information does not exist.

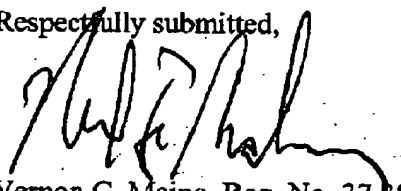
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Notwithstanding any statement by the Applicant, the Examiner is urged to form his own conclusion regarding the relevance of the cited information.

Favorable action is solicited.

Respectfully submitted,



Vernon C. Maine, Reg. No. 37,389

Scott J. Asmus, Reg. No. 42,269

Neil F. Maloney, Reg. No. 42,833

Attorneys for Applicant

Cus. No. 24222

Maine & Asmus

PO Box 3445

Nashua, NH 03061-3445

Tel. No. (603) 886-6100, Fax. No. (603) 886-4796

Info@maineandasmus.com

PTO/SB/088 (08-03)

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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

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Complete if Known

Application Number	10/802,334
Filing Date	03/17/2004
First Named Inventor	LUX, Cindy M.
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Examiner Name	PASS, Natalie A.
Attorney Docket Number	CL001-US

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Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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Sheet

2

of

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Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		NEW ENGLAND HEALTHCARE EDI NETWORK LLC (NEHEN), Technology Overview, http://nehen.com/about/tec.cfm , 1 page	

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